

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/539884

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2	/					
3		1				
4		2				
5		2				
6		1				
7		2				
8		2				
9		2				
10		2				
11		2				
12		2				
13		2				
14	/					
15	/					
16	/					
17	/					
18	4	1				
19		1				
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50						
TOTAL IND.	7	↓		↓		↓
TOTAL DEP.	23	←		←		←
TOTAL CLAIMS	30					

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						